Case 17-16196-mdc Doc 110 Filed 03/18/21 Entered 03/18/21 08:42:13 Desc Main Document Page 1 of 2

						•					
	in this information to identify your optor 1 Cerimile Gio										
	otor 2 puse, if filing)				_						
Uni	ted States Bankruptcy Court for the	e: _EASTERN DISTRICT	OF PENNSYLVANIA	4							
	se number 17-16196	·				Check if this is: An amended filing					
						☐ A sup	olemen	nt showing p			
	fficial Form 106l					MM / I	DD/ YY	YY			
S	chedule I: Your Inc	ome								12/15	
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ur spouse is not filing w On the top of any additi	ith you, do not inclu	ıde infori	natio	on about you	r spou	ise. If more	space is	needed,	
1.	Fill in your employment information.		Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job,	Employment status	■ Employed				☐ Employed				
	attach a separate page with information about additional employers.	Employment status	☐ Not employed				☐ Not employed				
		Occupation	owner/operator	•							
	Include part-time, seasonal, or self-employed work.	Employer's name	Pasquales Pizza								
	Occupation may include student or homemaker, if it applies.	Employer's address	Honey Brook, PA 19344								
		How long employed t	here?								
Par	t 2: Give Details About Mo	nthly Income									
	mate monthly income as of the duse unless you are separated.	late you file this form. If	you have nothing to r	eport for	any l	line, write \$0 i	n the s	pace. Includ	de your noi	n-filing	
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the informatio	n for all e	mplo	oyers for that	person	on the lines	s below. If	you need	
						For Debtor	1	For Debto non-filing			
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,000	.00	\$	N/A		
3.	Estimate and list monthly over	time pay.		3.	+\$	0	.00	+\$	N/A		

Official Form 106I Schedule I: Your Income page 1

3,000.00

N/A

4. Calculate gross Income. Add line 2 + line 3.

Debt	tor 1	Cerimile Giovanni		С	ase number (if know	vn)	17-16 ²	196		
					For Debtor 1			ebtor filing s	2 or pouse	
	Cop	by line 4 here	4.	_	\$3,000.0	00	\$		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 0.0	00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.0		\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.0		\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.0	00	\$		N/A	_
	5e.	Insurance	5e.		\$ 0.0	00	\$		N/A	-
	5f.	Domestic support obligations	5f.		\$0.0		\$		N/A	_
	5g.	Union dues	5g.		\$ 0.0		\$		N/A	_
	5h.	Other deductions. Specify:	_ 5h.	.+	\$0.0	00	+ \$		N/A	=
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$0.0	00	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$3,000.0	00	\$		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business,								
		profession, or farm								
		Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.		\$ 1,600.0	00	\$		N/A	
	8b.	Interest and dividends	8b.		\$ 0.0	_	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent								-
		regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.0	١٨	\$		N/A	
	8d.	Unemployment compensation	8d.		\$		\$—		N/A	-
	8e.	Social Security	8e.		\$ 0.0		\$		N/A	-
	8f.	Other government assistance that you regularly receive				_	· —			=
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.								
		Specify:	8f.		\$ 0.0	00	\$		N/A	
	8g.	Pension or retirement income	 8g.		\$ 0.0	00	\$		N/A	
	8h.	Other monthly income. Specify:	_ 8h.	.+	\$ 0.0	00	+ \$		N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,600.0	00	\$		N/A	A .
			Г					\equiv		
10.		•	10. 3	\$_	4,600.00 +	\$_		N/A	= \$ _	4,600.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe					chedule 11.		0.00
4.5	Addition and the first column of the Addition and the Add							ſ		
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	4,600.00
								l	Combi	ned
13.	Do	you expect an increase or decrease within the year after you file this form?	?						monthl	y income
		No.								
		Voc Evoloin:								